

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>EHD</i>		<i>05-702-0</i>
O.I.P.E. CLASSIFIER	<i>DR</i>	<i>32</i>	<i>5/23</i>
FORMALITY REVIEW	<i>SH</i>	<i>1685</i>	<i>6/26/01</i>
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	N N N
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16	N N N
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓ ✓ ✓
20	✓ ✓ ✓
21	✓ ✓ ✓
22	✓ ✓ ✓
23	N N
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32	N N
33	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here